

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/889722 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		①		①		
6	②		③			
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TOTAL IND.	2		2			
TOTAL DEP.	4	↓	4	↓		↓
TOTAL CLAIMS	6		6			

SERIAL NO.	09/889722	FILING DATE	
APPLICANT(S)			
CLAIMS	*	*	*
IND.	IND.	DEP.	IND.
DEP.	IND.	DEP.	IND.
51			
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100			
TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓